

Please type a plus sign (+) inside this box +

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO			<div>Complete if Known</div>		
<div>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div>(use as many sheets as necessary)</div>			Application Number	09/749,825	
			Filing Date	December 28, 2000	
			First Named Inventor	Hicks	
			Group Art Unit	2421	
			Examiner Name	Saltarelli, Dominic D	
Sheet	1	of	1	Attorney Docket Number	00216

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Complete if Known

Application Number	09/749.825
--------------------	------------

Filing Date	December 28, 2000
-------------	-------------------

First Named Inventor	Hicks
----------------------	-------

Group Art Unit	2421
----------------	------

Examiner Name	Saltarelli, Dominic D
---------------	-----------------------

Attorney Docket Number	00216
------------------------	-------

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	Date Considered
--------------------	-----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.